

# OWNER-OCCUPANT INFORMATION

## Lead-Safe Cambridge Intake Form

Office Use Only
Compiled By: _____
Intake Date: _____

### Owner-Occupant Information

Owner-Occupant	Information
Name of Owner(s)	
Street Address, Unit #	
Zip Code	<b>CAMBRIDGE, MA</b> _ _ _ _ _
Telephone/Day	(Day) _____
Telephone/Evening	(Evening) _____
Primary Language	
How did you hear about LSC?	

### Property Information

Property To Be Deleaded	Information
Street Address, Unit #	
Total # of Bedrooms in Enrolled Unit	
Total # of Units in Bldg	
Year of Construction	
Total # of Occupants	
Total # of Children Under 6 Years Old	
Is Any Member of Household Pregnant?	Yes      No      Don't know
Amt. Charged for Rent -- <i>(if applicable)</i>	

### Additional Household Information

Property to be Deleaded	Information	
<b>LIST ALL OCCUPANTS</b> <b>Name: First, Last</b>	<b>Relationship</b>	<b>Date(s) of Birth of children under 6 years of age</b>
1.	(Head of Household)	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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### Children Under Age 6 Receiving Mass Health Insurance (Medicaid)

Names
1.
2.
3.

### Other Property Information

Building	Information
Under Order to Delead? <i>(Circle One)</i>	Yes      No
Violation Correction? <i>(Circle One)</i>	Yes      No
Non-profit CDC involvement <i>(Circle One)</i>	None   CNAHS   CCHDI   HRI   JAS   Other
Name/Phone for CDC Contact person:	
Extent of Additional Concurrent Work to be Done by CDC? <i>(Check One)</i>	<input type="checkbox"/> None <input type="checkbox"/> Pre-requisite work only <input type="checkbox"/> Weatherization/Housing code repair (<\$5,000) <input type="checkbox"/> Moderate rehab (<\$15,000) <input type="checkbox"/> Substantial rehab (<\$25,000) <input type="checkbox"/> Gut rehab (\$25,000+)

**OWNER'S HOUSEHOLD INCOME INFORMATION: *PLEASE NOTE that the information that follows is required ONLY if owner's unit is being enrolled.***

**Total Annual Household Income before taxes (gross) for *all household members* from all sources for *past 12 months*:**

**\$\_\_\_\_\_**

*See attached "How to Document Income" for information regarding how to calculate annual household income.*

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### HOW TO DOCUMENT INCOME

Applications that do not include requested information for the applicant and each eligible household member cannot be considered for the Lead-Safe Cambridge Program.

#### **EARNED INCOME (please check all documents that are included):**

- ☐ Paystub(s) documenting **year-to-date** earnings for **all household members** over the age of 18.
- ☐ Documentation of any other **year-to-date** income received (for example, bonuses, inheritances, etc.)
- ☐ Copy of most recent federal tax return, including all W-2 and 1099s for **all household members** over the age of 18.
- ☐ For **all household members** over 18 to be considered a full-time student, please provide documentation *from school* describing enrollment status.
- ☐ For any household member(s) over 18 years of age who have no source of income (no employment or financial benefits), contact Lead-Safe Cambridge for a "Statement of NO Income" form.
- ☐ For any household member(s) over 18 years of age who are self employed or who have unreported income, contact Lead-Safe Cambridge for an "Affidavit of Self Employment or Unreported Income" form.

#### **OTHER SOURCES OF INCOME:**

##### **A. RETIREMENT INCOME OR DISABILITY AWARD:**

Name of Recipient: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Amt. of Monthly Income: \$\_\_\_\_\_

**Acceptable Documentation:** A letter from the source of retirement or disability income stating your benefits and how long you have been receiving them or a copy of your most recent check.

##### **B. SOCIAL SECURITY INCOME:**

Name of Recipient: \_\_\_\_\_

Gross Monthly Amount: \$\_\_\_\_\_

**Acceptable Documentation:** A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.

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### OTHER SOURCES OF INCOME - Continued:

#### **C. VETERAN'S ASSISTANCE:**

Name of Recipient: \_\_\_\_\_

Gross Monthly Amount: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from Veteran's Administration stating your benefits or a copy of your most recent check or a bank statement.

#### **D. PUBLIC ASSISTANCE:**

Name of Recipient: \_\_\_\_\_

Gross Monthly Amount: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from the Public Assistance Office stating your benefits and how long you have been receiving them.

#### **E. UNEMPLOYMENT:**

Name of Recipient: \_\_\_\_\_

Weekly Amount: \$ \_\_\_\_\_ When did benefits start?: \_\_\_\_\_

When do they expire?: \_\_\_\_\_

**Acceptable Documentation:** Your most recent unemployment check stubs or a letter from unemployment stating amount of benefits and the date benefits began.

#### **F. INTEREST/DIVIDEND: (*In excess of \$100.00*)**

Name of Recipient: \_\_\_\_\_

Source of Interest: \_\_\_\_\_ Annual Interest: \$ \_\_\_\_\_

**Acceptable Documentation:** A letter from the source of the income stating the amount of interest earned in the last twelve months.

#### **G. CHILD SUPPORT/ALIMONY:**

Amount Received: \$ \_\_\_\_\_ Payment(s): Monthly: \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-weekly: \_\_\_\_\_

**Acceptable Documentation:** A copy of most recent check(s) for one month's alimony/child support or a copy of the court order or a letter from your lawyer stating the amount received, frequency you receive payment, and the date you started receiving that amount.

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### **ASSETS:**

**List all Savings Accounts of Applicants:** *(includes financial institutions, 401K, Money Market)*

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

**List all Checking Accounts of Applicants:**

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

### **APPLICANT CERTIFICATIONS**

**THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND NO INFORMATION HAS BEEN EXCLUDED WHICH MIGHT AFFECT A JUDGEMENT REGARDING FEASIBILITY OF CITY PARTICIPATION IN DELEADING THE APPLICANT'S PROPERTY. SIGNING THIS APPLICATION WILL GIVE THE CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT THE RIGHT TO OBTAIN VERIFICATION FROM ANY SOURCE HEREIN.**

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**Applicant's Signature**

**Date**

**THE APPLICANT(S) HEREBY ACKNOWLEDGES THAT, AT ALL TIMES AND IN ALL ASPECTS OF THE LEAD-SAFE CAMBRIDGE PROGRAM, THE CITY OF CAMBRIDGE RELIES UPON THE INSPECTIONS AND CERTIFICATIONS OF LICENSED LEAD INSPECTORS AND DELEADERS AND AT NO TIME CONDUCTS ANY INDEPENDENT DETERMINATION OF THE EXISTENCE OR REMOVAL OF LEAD PAINT AND MAKES NO REPRESENTATIONS TO THE OWNER OR TO THE TENANTS REGARDING THE EXISTENCE OR REMOVAL OF LEAD PAINT.**

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**Applicant's Signature**

**Date**